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## APPLICANTS

Babamoto Kenneth, Palos Verdes Estates, CA ;  
 Shamsian Bahram, Los Angeles, CA ;  
 Steinmetz Michael, West Hills, CA ;

## \*\* CONTINUING DATA \*\*\*\*\*

*None*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 08/07/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 17	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<i>[Signature]</i>			
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

23913

## TITLE

System and method for developing and managing the healthcare plans of patients with one or more health conditions

FILING FEE RECEIVED 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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